FOR INSTRUCTIONS, SEE BACK OF FORM	<u> (ass</u>
DISCLOSURE SUMMARY PAGE	FORM
COMMITTEE NAME (Must be same as on Statement of Organization)	DR-2 DISCLOSURE (Rev. 07/2003) REPORT
Commercial Control of	For Office Use Only
Supporters of Behnken for Supervisor	Comm. #/7759
IMPORTANT: Indicate type of committee you are reporting for:	Logged In
(1)Statewide/Legislative Candidate (2)Statewide PAC (3)State Party (4)County/Local Candidate	Scanned
(5)County PAC (6)Ballot Issue/Franchise Committee (7)County/City Central Committee	Computer
CANDIDATE COMMITTEES ONLY:	Audited
Candidate Name Political Party	
CANDIDATE COMMITTEES ONLY:  Candidate Name  LUM. C Behnken  Office Sought  Political Party  Demo  District (if Senate or House)	
Office Sought District (if Senate or House)	
Supervisor	
Lela M. Behnken 712-779.356	2 /2 /2 211
SIGNATURE OF TREASURER (or person filing this report)  TELEPHONE	2 /2-/0-04 DATE SIGNED
	JATE GIGNES
Late filed reports are subject to possible civil and crin	•
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE	
I AM FILING A Continuation REPORT FOR AN/A (1) ELE	CTION /(2)NON-ELECTION YEAR.
(report date) Indicate one	
CHECK IF AMENDMENT TO REPORT DATED	Local Committees, enter Date of Election
	County & Local Committees, enter County in
	which Election is held
	<b>C</b> ass
STATEMENT OF CASH ON HAND	
<b>CASH ON HAND</b> at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount <b>MUST</b> be the same as the cash on hand at the end	
of the last reporting period, or must be zero if this is first report filed.)	\$ 264.65
ADD TOTAL MONEY TAKEN IN THIS PERIOD	•
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) .	
Schedule F: Loans Received total (Attach Schedule F)	***
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	485.25
SUB-TOTA	AL\$
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans beld	
Schedule F: Loan Repayments total (Attach Schedule F)	
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)	s -0 ··
**UNPAID BILLS (From Schedule D - Attach Schedule D)	
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$
CANDIDATE COMMITTEES ONLY:	
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES NO
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$

## For Instructions, See Back of Form

## Reset Form

## **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

Supporters of Belinkenfor Super Visor

SCHEDULE		
Α	MONETARY	
(Rev. 07/03)	RECEIPTS	
CHECK THIS BOX IF AMENDING FORM		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	DAG ID NUMBER			<del>,</del>	
DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
-	ID#				
10119.04	CK#	Don Sontag	non e	100	
	ID#				
10,19.04 10,19.04	CK#	Don Sontag Bill Behnken	Self	120.60	
	ID#				
	CK#				
	ID#				
	CK#				
	ID#				
	CK#				
	ID#		-		
	CK#				
	ID#				
	CK#				
	ID#		1.00		
	ск#				
	ID#				
	CK#				
	ID#				
	CK#				
			SUB-TOTAL	20	
				\$ 2206	حا

TOTAL (if last page of this schedule)

Page \_\_\_\_\_ of \_\_\_\_ (for Schedule A)

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

W. 22.5	****		22.00	2000	
888 D	100	444	899		4000
2015	Date:		8 86	61 S S	0.000
30.003	400000	34000	8,000	استعفت	

## **EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

Supporters of Belinken for Supervisor  Date EXPENDED (In Sphiophole) (In Sphio	COMMITTEE NAME (Must be same as on Statement of Organization)				
DATE CANDIDATE ID NUMBER (dapplicable) (MM/DDIYR) (dapplicable) (AND PAC CHECK NUMBER (dapplicable) (AND PAC CHECK NUMBER (dapplicable) (AND PAC CHECK NUMBER (Disbursement) WAS MADE (DESCRIBE TRANSACTION)    ID#	Supp	orters	of Behnkenfor	Sapervisor	
ID#  ID#  ID#  ID#  Station KSOM  advertisement  ISO.co  ID#  II-18-04  ID#  II-18-04  ID#  II-18-04  ID#  ID#  II-18-04  ID#  ID#  ID#  ID#  CK#  ID#  ID#  CK#  ID#  ID#  CK#  ID#  ID#  ID#  ID#  ID#  ID#  ID#  I	DATE EXPENDED	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE	PURPOSE	
ID#  10.19.04  CK#  Station KSOM  advertisement 216.00  10.19.04  CK#  Station KJAN  advertisement 150.00  11.18.09  CK#  Anita Tribune advertisement 81.15  11.25.04  CK#  Anita Tribune Thank You ad 31.50  ID#  CK#  ID#  CK#  ID#  CK#  SUB-TOTAL  \$485.25		ID#			
CK# Station KSOM advertisement 216.00  10.19.04  10.19.04  Station KJAN advertisement 150.00  10.18.09  CK# Anita Tribune advertisement 87.75  11.25.04  CK# Anita Tribune Thank Yan ad 31.50  10#  CK#  10#  CK#  SUB-TOTAL \$485.25	10/60	CK#	5		\$
10.19.04 Station KSAN advertisement 216.00  10.19.04 Station KJAN advertisement 150.00  10.19.04 Anita Tribune advertisement 87.75  10.25.04 CK# Anita Tribune Thank Yan ad 31.50  10.10 CK#  10.10 CK		ID#			
10.9.04 CK# Station KJAN advertisement 150.00  10.9.04 CK# Anita Tripune advertisement 81.15  11.25.04 CK# Anita Tripune Thank Yan ad 31.50  10#  CK#  ID#  CK#  ID#  CK#  SUB-TOTAL \$485.25	10.19.01		Station KSOM	advortisement	216.00
11.25.04 CK# Anita Tribune Thank You ad 31.50  ID#  CK#  ID#  CK#  ID#  CK#  SUB-TOTAL \$485.25	<b>'</b>	ID#			
11.25.04 CK# Anita Tribune Thank You ad 31.50  ID#  CK#  ID#  CK#  ID#  CK#  SUB-TOTAL \$485.25	10.79.04	CK#	Station KJAN	advertisement	150.00
11.25.04 CK# Anita Tribune Thank You ad 31.50  ID#  CK#  ID#  CK#  ID#  CK#  SUB-TOTAL \$485.25		ID#			
11.25.04 CK# Anita Tribune Thank You ad 31.50  ID#  CK#  ID#  CK#  ID#  CK#  SUB-TOTAL \$485.25	11-18-04	CK#	Anita Tribune	advertisement	81.15
ID# CK#  ID# CK#  ID# CK#  SUB-TOTAL \$485.25		ID#			
CK#  ID#  CK#  ID#  CK#  ID#  CK#  SUB-TOTAL \$485.25	11.25.04	CK#	Anita Tribune	Thank You ad	31.50
ID# CK#  ID# CK#  SUB-TOTAL \$485.25		ID#			
CK#  ID#  CK#  SUB-TOTAL \$485.25		CK#			
ID# CK#  SUB-TOTAL \$485.25		ID#			
CK# SUB-TOTAL \$485.25		CK#			
SUB-TOTAL \$485.25		ID#			
485.25		CK#			
				SUB-TOTAL  TOTAL (if last page of this schedule)	\$485.25

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ON
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Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

Page	of